



Collaborating Organizations: Ministry of Public Health and Sanitation and Population Reference Bureau (PRB)

## Ending Female Genital Mutilation: Laws Are Just the First Step

One in four women in Kenya has undergone female genital mutilation and, despite the government's passage of the Female Genital Mutilation Bill in 2011, many girls remain at risk. What more needs to be done to stop this harmful traditional practice?

Female Genital Mutilation (FGM), which entails removing some or all of the female genitalia (see box), is recognized internationally and nationally as a violation of girls' and women's rights. The government of Kenya has acted to ban the practice—first, in 2001 when it introduced the Children's Act, which empowered the courts to punish those who facilitated or practiced FGM, and again in 2011, when it passed the Prohibition of Female Genital Mutilation Bill. According to the Kenya Demographic and Health Survey (KDHS), the prevalence of the practice declined from 38 percent of women in 1998 to 27 percent in 2009. Despite this progress, in the Somali and Kisii communities, more than 96 percent of women ages 15 to 49 have undergone FGM, and in the Maasai community about 73 percent women have done so. According to one Maasai FGM practitioner, 'Cutting girls is something our people have done for hundreds of years. No one can convince us that it is wrong.'<sup>1</sup>

This policy brief looks at how commonly FGM is still practiced in the current policy and programme environment and seeks to answer the question: What more needs to be done to reduce and eventually eliminate the practice?

*The World Health Organization defines FGM—sometimes called female genital cutting or female circumcision—as the partial or complete removal of the external female genitalia or injury to the female genital organ for cultural or any other non-medical reasons.<sup>2</sup> Three different types of FGM are practiced in Kenya: Type I is the removal of the clitoris or the clitoral hood, Type II is the removal of the clitoris and the inner lips, and Type III is the removal of the clitoris, inner lips and outer lips and the skin is sewn to leave only a small opening.<sup>3</sup> FGM has persisted among a number of communities in Kenya, and the numbers are particularly high among Somali and Kisii communities. It is a painful practice that comes with both lifelong health and social problems for girls, such as severe bleeding, infection, and emotional and physical trauma.*

### FGM: Tradition Versus Health

Communities in Kenya that practice FGM justify it as a traditional rite of passage into adulthood. According to the 2008-09 KDHS report, communities that practice FGM believe the practice provides cultural identity, improves hygiene, supports virginity and honor, increases girls' marriage prospects, represses sexual desire, and is part of religious practices.<sup>4</sup>

On the other hand, numerous studies have found that FGM harms a woman's physical and mental health.<sup>5,6,7</sup> Women who go through this procedure experience severe pain. Some of the health complications associated with FGM include severe bleeding, tetanus, urinary tract infections, poor urine retention, ulceration, difficult child birth, and pain during sex. Some of the studies found that FGM was associated with permanent damage to the urethra and severe bleeding while giving birth. Severe bleeding, infection, and difficult child birth caused by FGM can lead to death.

### **Policies on FGM in Kenya**

The Kenyan government has progressively put in place several policies to eliminate FGM. In 1983, the president issued a decree against FGM. Those practicing it were required to stop the practice or face legal action. As a result, many communities continued the practice in secret by inviting the circumcisers to their homes without the knowledge of the authorities. Thus, although the decree demonstrated the highest level of political will to eliminate FGM in the country, it had limited success.

Following the 1993 UN Declaration on Elimination of all Forms of Violence Against Women, Kenya developed a National Plan of Action for the Elimination of FGM. The UN declaration required governments to commit themselves to condemn violence against women, punish offenders, and address issues surrounding gender-based violence.<sup>8</sup> This sparked even more interest in Kenya in addressing FGM, which was further reinforced by the International Conference on Population and Development (ICPD) in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995. Following the ICPD, Kenya developed a population policy that was known as *Sessional Paper No. 1 of 2000 on Population Policy for Sustainable Development* which advocated against FGM.<sup>9</sup>

In 2001, the government put in place the first set of laws that dealt specifically with FGM. The Children's Act that came into force in 2001 empowered the courts to punish those who facilitate or practice FGM. While FGM declined somewhat in Kenya, one in four women were still being cut. This led the government to introduce a more comprehensive law, the *Prohibition of Female Genital Mutilation Act (2011)*, which stipulates stiffer punishments for offenders. These include a

three- to seven-year prison sentence or a fine of nearly US \$6,000 for anyone practicing FGM.<sup>10</sup> A person causing a death by performing FGM is liable to life imprisonment. In addition, a comprehensive National Policy for the Abandonment of FGM was put in place in 2010. The policy calls on stakeholders to take concrete steps to promote the abandonment of FGM through legislation, public education, advocacy, media coverage, the empowerment of women, and access to reproductive health and other support services. These laws and policies are supported by the 2010 Constitution of Kenya, which reaffirms the government's commitment to protect and promote human rights and fundamental freedoms.<sup>11</sup> Out of the 27 developing countries where data on FGM is available, Kenya is among the 17 countries with specific laws against FGM.<sup>12</sup>

### **What Programmes Exist in Kenya to Eliminate FGM?**

Since 1983, when the first presidential decree against FGM was issued, various nongovernmental and civil society organizations started developing strategies to eradicate FGM. These organizations focused on conducting studies, community education, and setting up rescue centers, among other activities. One of the notable approaches initiated in late 1990s by the Family Planning Association of Kenya (FPAK) was the alternative rite of passage. This approach teaches girls how their bodies' work, the challenges they will face as adolescents, about relationships, and responsible sexual behavior. The aim of this approach is to demonstrate to the communities that girls can successfully transition from childhood into adulthood without having to undergo FGM. At the end of the training period, colorful community ceremonies are held where the girls are given gifts. Many organizations have adopted this approach. The alternative rite of passage programs also work with FGM practitioners to educate them on the need to stop the practice while giving them alternative means to earn income.

Another approach to prevent girls from undergoing FGM are rescue centres where young girls can take refuge after fleeing their homes to avoid FGM. These centres support girls to pursue formal education or vocational training, and also work with the communities to raise their awareness about the dangers of FGM and to encourage parents to

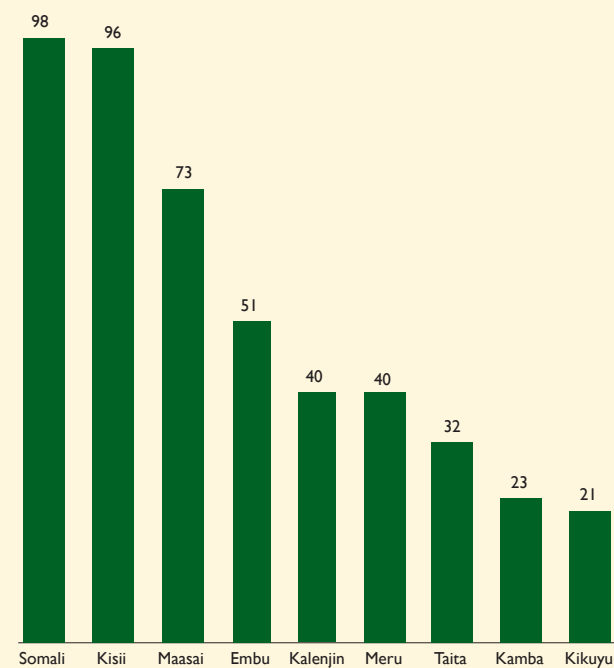
welcome their daughters back without forcing them to undergo FGM. Most of the girls who have received shelter in these centres have managed to avoid FGM and early marriages. Some of them have also served as role models in their communities and have, in turn, become advocates against FGM.

Despite the fact that FGM is declining nationally, strong traditional practices and cultural norms in many communities prevent elimination of the practice. Though communities have been exposed to information about the potential harm of FGM, many continue the practice. Thus, some proponents of ending FGM emphasize engaging the community and religious leaders in efforts to eradicate the practice.

### Variations in FGM Prevalence

In Kenya, nearly all women have heard of FGM and almost 27 percent have undergone this painful practice. However, the practice varies a great deal among different ethnic groups. FGM is nonexistent in some communities, while it is commonly practiced in others. Figure 1 shows that almost all women from the Somali community (98%) have undergone FGM. According to the KDHS, the number of women cut in this community increased slightly between 2003 and 2009. In the Kisii community, more than 96 percent of women have undergone the procedure. Among other communities that still

**Figure 1: Percentage of Women 15-49 Years Who Have Been Circumcised by Ethnicity**

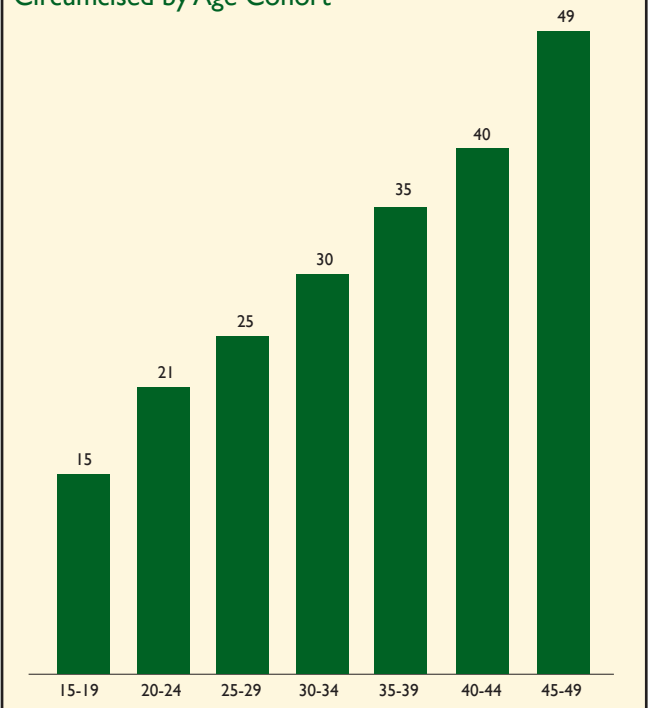


Source: Kenya National Bureau of Statistics and ICF International, Kenya Demographic and Health Survey 2008-09.

practice FGM, the practice has declined over the last 10 years. Notably, FGM decreased rapidly in the Maasai community, from 93 percent in 2003 to 73 percent in 2009.<sup>13</sup>

Findings of the KDHS show that in all age groups, except 45-49 years, FGM has consistently declined over the ten years from 1998 to 2008. According to Figure 2, currently the prevalence of FGM is highest (49%) among women ages 45 to 49 and lowest (15%) among women ages 15 to 19. Still, one-third of circumcised women say they were cut between the ages of 14 and 18 and not all ethnic groups have experienced a significant decline in prevalence of FGM.

**Figure 2: Percentage of Women Who Have Been Circumcised by Age Cohort**



Source: Kenya National Bureau of Statistics and ICF International, Kenya Demographic and Health Survey 2008-09.

### Recommendations

Much work remains to be done to reduce and eliminate FGM. To improve existing approaches and introduce new ones that will have a greater impact, the National Council for Population and Development (NCPD) proposes the following:

- Over the next two years, the Ministry of Gender, in conjunction with the Ministry of Health, will undertake a consultative process to evaluate the strengths and weaknesses of the approaches being used to reduce FGM. This evaluation should include

NCPD is a semi-autonomous government agency that formulates and promotes population policy and coordinates related activities for sustainable development in Kenya.

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an examination of the reasons why some communities have registered a rapid decline in the prevalence of FGM and whether lessons can be taken from these experiences. A good example is the Maasai community, where FGM was universally practiced but a significant reduction was observed in the 2008 KDHS.

- Within one year, both the Ministry of Gender and the Ministry of Health should intensify community education on the negative effects of FGM on women's health. This education should target children, women and men in the communities that practice FGM. With intensified and sustained community education campaigns, the prevalence of FGM will likely decline more rapidly. In order to ensure success of this approach, community leaders and members who support the end of FGM should lead the process. This will be an on-going effort until FGM is eliminated.

## Conclusion

To enhance the rights and health of women worldwide, FGM must be stopped. The Kenyan government has expressed its willingness to curb the practice by putting in place various policies and programmes, but limited gains have been made. For Kenya to see rapid success in the coming years, the government, development partners, nongovernmental organizations, civil society, and faith-based organizations addressing FGM in the country should reevaluate their strategies and identify those that can be improved as well as new ones that can be implemented to eliminate the practice of FGM in Kenya.

Available evidence shows that many innocent girls are still being subjected to FGM in Kenya despite the laws, policies, and programmes that have been put in place to curb the practice. To eliminate this problem during the next decade, stakeholders need to evaluate past efforts with a view of improving the existing strategies. The future well-being of young girls in Kenya depends on the implementation of effective approaches that will eliminate FGM. More efforts must be made immediately to tackle the problem.

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